## RELEASE AUTHORIZATION (ATTACHMENT B)

To all Courts, Probation Department, Selective Service Boards, Employers, Education Institutions, Banks, Financial and other Institutions, and all Government Agencies, Federal, State and Local without exception both Foreign and Domestic.

On behalf of	
(Legal Name of Applicar	nt Business Entity)
I,(President or Chief Executive Office: Name	) (Title)
have authorized the Michigan Office of Racing Com	nmissioner to conduct an investigation into
background of the said applicant.	
Therefore, you are hereby authorized to release any	and all information pertaining to the said
applicant, documentary or otherwise as requested by	any appropriate employee, agent, or
representative of the Michigan Office of Racing Con	nmission.
contrary. A photostatic copy of this authorization w original.	ill be considered as effective and valid as the  Signature
	Printed Name
STATE OF§	Date
COUNTY OF§	
Sworn and subscribed to before me this day which witness my hand and official seal	of, 20, to certify
Notary Public, State of:	
My Commission Expires:	_